

1. DATE OF INCIDENT 24-MAY-2017		TIME 11:15:00		2. ADDRESS OF OCCURRENCE 1643 N LECLAIRE AVE CHICAGO, IL 60639		3. LOCATION CODE 092		4. BEA/OCCUR 2533		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BY VC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO					
6. POSITION 9161		7. LAST NAME SANABRIA		8. FIRST NAME GARY P		9. STAR NO. 12640		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE S		12. AGE 600		13. HT. 190	
15. DATE OF APPT. 13-APR-1998		16. EMPLOYEE NO 025		17. UNIT & BEAT OF ASSIGNMENT 025 2521		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
21. LAST NAME WISE		22. FIRST NAME KAYIN		23. MI. BLK		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE 1999		26. DOB 509		27. HT. 170		28. WT.	
29. ADDRESS 60639		30. TELEPHONE NO CHICAGO, IL		31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		35. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		36. BY WHOM? 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		37. CHARGES PLACED PLEASE SEE NEXT PAGE		38. CB NO. 19484301		IR NO.					
39. SUBJECT'S ACTIONS		40. SUBJECT'S RESPONSE		41. SUBJECT'S WEAPON		42. SUBJECT'S WEAPON		43. SUBJECT'S WEAPON		44. SUBJECT'S WEAPON		45. SUBJECT'S WEAPON		46. SUBJECT'S WEAPON	
47. SUBJECT'S WEAPON		48. SUBJECT'S WEAPON		49. SUBJECT'S WEAPON		50. SUBJECT'S WEAPON		51. SUBJECT'S WEAPON		52. SUBJECT'S WEAPON		53. SUBJECT'S WEAPON		54. SUBJECT'S WEAPON	
55. SUBJECT'S WEAPON		56. SUBJECT'S WEAPON		57. SUBJECT'S WEAPON		58. SUBJECT'S WEAPON		59. SUBJECT'S WEAPON		60. SUBJECT'S WEAPON		61. SUBJECT'S WEAPON		62. SUBJECT'S WEAPON	
63. SUBJECT'S WEAPON		64. SUBJECT'S WEAPON		65. SUBJECT'S WEAPON		66. SUBJECT'S WEAPON		67. SUBJECT'S WEAPON		68. SUBJECT'S WEAPON		69. SUBJECT'S WEAPON		70. SUBJECT'S WEAPON	
71. SUBJECT'S WEAPON		72. SUBJECT'S WEAPON		73. SUBJECT'S WEAPON		74. SUBJECT'S WEAPON		75. SUBJECT'S WEAPON		76. SUBJECT'S WEAPON		77. SUBJECT'S WEAPON		78. SUBJECT'S WEAPON	
79. SUBJECT'S WEAPON		80. SUBJECT'S WEAPON		81. SUBJECT'S WEAPON		82. SUBJECT'S WEAPON		83. SUBJECT'S WEAPON		84. SUBJECT'S WEAPON		85. SUBJECT'S WEAPON		86. SUBJECT'S WEAPON	
87. SUBJECT'S WEAPON		88. SUBJECT'S WEAPON		89. SUBJECT'S WEAPON		90. SUBJECT'S WEAPON		91. SUBJECT'S WEAPON		92. SUBJECT'S WEAPON		93. SUBJECT'S WEAPON		94. SUBJECT'S WEAPON	
95. SUBJECT'S WEAPON		96. SUBJECT'S WEAPON		97. SUBJECT'S WEAPON		98. SUBJECT'S WEAPON		99. SUBJECT'S WEAPON		100. SUBJECT'S WEAPON		101. SUBJECT'S WEAPON		102. SUBJECT'S WEAPON	

77. NOTIFICATIONS (ALL INCIDENTS): ☐ IMMEDIATE SUPERVISOR ☐ DSS OF DISTRICT OF OCCURRENCENOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): ☐ OEMC ☐ CPICNOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): ☐ OEMC

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

78. ADDITIONAL INFORMATION

79. REPORTING MEMBER (Print Name)

SANABRIA, GARY P

24-MAY-2017 20:56:00

STAR/EMPLOYEE NO

12640

SIGNATURE

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

80. REVIEWING SUPERVISOR (Print Name)

TOLEDO, PETER H

STAR NO.

2105

SIGNATURE

DATE REVIEWED

TIME

24-MAY-2017 21:00:01

1714405845

76. EVENT NO.

JA277099

76. R.D. NO.

720 ILCS 5.0/24-1.6-A-1, 625 ILCS 5.0/11-204.1-A-1, 720 ILCS 5.0/12-3.05-D-4,
720 ILCS 5.0/12-3.05-D-4, 625 ILCS 5.0/4-103-A-1

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT. 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE ☐ DNA ☐ REFUSED ☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Hospital

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

U#1710, Based upon the information at this time the officer acted in compliance with Department policy.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (PRA) NOTIFIED.

☐ LOG NO. **1085331** OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

WILLIAMS, TERENCE V

86.

TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO,
 - A. INDEPENDENT POLICE REVIEW AUTHORITY, AND
 - B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE



DATE COMPLETED TIME

24-MAY-2017 21:46:45